

CONTRACT #3
RFS # 359.61-005

**Department of Children's
Services**

VENDOR:
John L. Wilhoit, III, DDS



**State of Tennessee
Department of Children's Services
Cordell Hull State Office Building, 7th Floor
436 Sixth Avenue North
Nashville, Tennessee 37243-1290
Viola P. Miller, Commissioner**

Memorandum

June 1, 2007

To: Jim White, Director,
Fiscal Review Committee
8th Floor, Rachel Jackson Building
320 Sixth Avenue North

From: Steven Barlar
Program Director
Department of Children's Services (DCS) Contracts
7th Floor, Cordell Hull Building
436 Sixth Avenue North

Attention: Leni Chick,
Fiscal Analyst
Fiscal Review Committee (FRC)
8th Floor, Rachel Jackson Building
320 Sixth Avenue North

Regarding: Submission of Non-Competitive Amendment Request pertaining to Contract FA-07-16872 with John H. Wilhoit, III, DDS providing Dental Services at Taft Youth Development Center, (TYDC)

The Department of Children's Services (DCS) is submitting a Non-Competitive Amendment Request to extend Contract FA-07-16872. In FY 2006, DCS issued a Request For Proposal (RFP) 359.61-005 to procure Dental services at Taft YDC. Although DCS notified thirty potential proposers, only one proposal was received. That proposal, from the then current contractor, Dr. John L. Wilhoit, III, DDS, had to be rejected. Consequently, a Non-Competitive Amendment Request was submitted to the Fiscal Review Subcommittee and to the Office of Contracts Review. The requested contract term was for five years. During the presentation before the committee, a request was made for DCS to reduce the term to a one year term and to reissue a new RFP in an attempt to obtain competitive proposals.

DCS issued a second RFP, 359.61-008, for these services in April of 2007, notifying fifty potential proposers. This RFP resulted in a letter of intent to propose being received, but no proposals were received. Upon receiving no proposals, DCS contacted the current contractor, Dr. Wilhoit, who confirmed that he is willing to continue providing dental services at TYDC. Consequently, DCS is requesting that the current one year contract with Dr. Wilhoit be extended for four more years, giving it a full five year term. The services are remaining as originally contracted for FY 2007 and at this time the liability is estimated to remain at Fifty Thousand dollars per fiscal year.

RECEIVED

JUN 01 2007

FISCAL REVIEW

Due to the schedule of events for RFP 359.61-008, it has not been possible for DCS to submit the Non-Competitive Amendment Request for review less than 60 days before the effective date of the amendment request. Accompanying this summary memorandum, please find copies of the current Non-Competitive Amendment Request; a draft copy of Amendment One to the original contract; and the fully executed original contract. Should further information be necessary, please contact Steven Barlar at 532-2457 or by e-mail at steven.barlar@state.tn.us.

**AMENDMENT ONE
TO
FA0716872
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF CHILDREN'S SERVICES
AND
JOHN L. WILHOIT, III, DDS**

This contract, by and between the State of Tennessee, Department of Children's Services (DCS), hereinafter referred to as the State, and John L. Wilhoit, III, DDS, hereinafter referred to as the contractor, is hereby amended as follows:

1. Delete Section B.1. in its entirety and insert the following in its place:
 - B.1. This Contract shall be effective for the period commencing on July 1, 2006 and ending on June 30, 2011. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.
2. Add the following as Section B.2.
 - B.2. Term Extension. The State reserves the right to extend this Contract for an additional period or periods of time representing increments of no more than four years and a total Contract term of no more than five (5) years, provided that such an extension of the Contract term is effected prior to the current, contract expiration date by means of an amendment to the Contract. If the extension of the Contract necessitates additional funding beyond that which was included in the original Contract, the increase in the State's maximum liability will also be effected through an amendment to the Contract, and shall be based upon rates provided for in the original Contract.
3. Delete Section C.1. in its entirety and insert the following in its place::
 - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Two Hundred Fifty Thousand Dollars, (\$250,000.00). The Payment Rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The Payment Rates include, but are not limited to, all applicable taxes, fees, overheads, profit, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with Payment Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

The other terms and conditions of this contract not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:

JOHN L. WILHOIT, III, DDS:

JOHN L. WILHOIT, III, DDS

DATE

DEPARTMENT OF CHILDREN'S SERVICES:

VIOLA P. MILLER, COMMISSIONER

DATE

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. GOETZ, JR., COMMISSIONER

DATE

DEPARTMENT OF PERSONNEL:

DEBORAH E. STORY, COMMISSIONER

DATE

COMPTROLLER OF THE TREASURY:

JOHN G. MORGAN, COMPTROLLER OF THE TREASURY

DATE

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration
Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.

1) RFS #	359.61-005		
2) State Agency Name :	Department of Children's Services		
EXISTING CONTRACT INFORMATION			
3) Service Caption :	The State intends to secure a contract for Dental Services at Taft Youth Development Center (TYDC) in Pikeville, Bledsoe County, TN.		
4) Contractor :	John L. Wilhoit, III, DDS		
5) Contract #	FA0716872		
6) Contract Start Date :			July 1, 2006
7) <u>Current</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :			June 30, 2007
8) <u>Current</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :			50,000.00
PROPOSED AMENDMENT INFORMATION			
9) <u>Proposed</u> Amendment #			One
10) <u>Proposed</u> Amendment Effective Date : (attached explanation required if date is < 60 days after F&A receipt)			July 1, 2007
11) <u>Proposed</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :			June 30, 2011
12) <u>Proposed</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :			250,000.00
13) Approval Criteria : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state		
	<input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
14) Description of the Proposed Amendment Effects & Any Additional Service :			
The effects of the proposed amendment include but are not limited to continuity of service, the vendor's familiarity with the clientele served and the vendor's willingness to provide service to this population.			
15) Explanation of Need for the Proposed Amendment :			

The amendment is needed for continuity of services at Taft Youth Development Center. The Department of Children's Services has legal custody of every student at the facility. Therefore, the department isn't just responsible for classification and assessment. The department is also responsible for the physical welfare of the students as the legal guardian.

16) Name & Address of Contractor's Current Principal Owner(s) :
(not required if proposed contractor is a state education institution)

John L. Wilhoit, III, DDS
110 South Main Street
or
P.O. Box 446
Pikeville, TN 37367

17) Documentation of Office for Information Resources Endorsement :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

18) Documentation of Department of Personnel Endorsement :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

19) Documentation of State Architect Endorsement :
(required only if the subject service involves construction or real property related services)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

The Department of Children's Services has issued two RFP's in the last two fiscal years for Dental Services at Taft Youth Development Center. The first RFP issued for fiscal year 2007 notified thirty potential vendors of the opportunity to bid. It yielded an improper response from the current vendor that had to be rejected. A non-competitive request was submitted and approved for one fiscal year.

A second RFP was issued for this service on April 17, 2007 for fiscal years 2008-2011. Notices were sent to fifty potential vendors. The deadline for proposals for the second RFP was May 15, 2007. The Department of Children's Services received an intent to propose but didn't receive any proposals for the RFP. Although the current vendor didn't submit a proposal, he is still willing to perform dental services at Taft Youth Development Center.

21) Justification for the Proposed Non-Competitive Amendment :

The Department of Children's Services has complied with all previous requests to procure Dental Services for Taft Youth Development Center with no positive outcome. Due to the location of the facility and the clientele being served, it is difficult to find someone willing to do dental services for the facility. Although, the current vendor didn't apply to the RFP, he is still willing and interested in providing services. The staff at Taft Youth Development Center is very pleased with his work and he resides in Pikeville, TN which makes him accessible during emergent times. His experience at Taft Youth Development Center will help the continuity of services since he will not need to be trained or oriented to the facility.

REQUESTING AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR— signature by an authorized signatory will be accepted only in documented exigent circumstances)

John L. Wilhoit, III

05/17/07

Agency Head Signature

Date

EXPLANATION FOR <60 DAYS AFTER F&A RECIEPT

The Department of Children's Services (DCS) issued an RFP for Dental Services at Taft Youth Development Center, Pikeville, TN on April 17, 2007. The deadline for proposals was May 15, 2007. DCS received an intent to propose but, no proposals. Due to the timeline and outcome of the issued RFP, DCS was unable to make a request 60 or more days ahead of the beginning date.

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**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North – 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

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Curt Cobb
Dennis Ferguson
Frank Niceley
Craig Fitzhugh, *ex officio*
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Lt. Governor John S. Wilder, *ex officio*

David Fowler
Steve Southerland

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman
Don McLeary, Vice-Chairman

DATE: July 31, 2006

SUBJECT: Contract Comments
(Contract Services Subcommittee Meeting 6/20/06)

RFS# 359.61-005

Department: Children's Services

Contractor: John L. Wilhoit, DDS

Summary: This contract is for the provision of dental services to the students in state custody at the Taft Youth Development Center. This is a five-year contract with a term beginning July 1, 2006, and ending June 30, 2011.

Maximum liability: \$250,000

After review, the Fiscal Review Committee voted to recommend approval of the contract with the following stipulations: the contract be amended to a one-year contract; DCS checks with TDOC and Health to see if they can co-join on these types of contracts; and DCS contacts the other potential vendors to find out why no one else responded to the RFP.

cc: The Honorable Viola Miller, Commissioner, Children's Services
Mr. Robert Barlow, Director, Office of Contracts Review



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FEB 08 2007
FISCAL REVIEW

State of Tennessee
Department of Children's Services
Cordell Hull State Office Building, 7th Floor
436 Sixth Avenue North
Nashville, Tennessee 37243-3000
Viola P. Miller, Commissioner

The following is a report requested by the Fiscal Review Committee, Contracts Review Subcommittee. The request had two components. The first component was to poll the thirty potential proposers identified by DCS for RFP 359.61-005 to ascertain if there were specific variables that existed that resulted in The Department of Children's Services (DCS) failure to receive requested proposals. The second component requested DCS to review the feasibility of developing with other State departments a means by which both departments could, in some fashion, "share" the provision of mutually needed services utilizing the same contractor.

Section I

Survey Results From Potential Vendors for RFP 359.61-005 to Provide Dental Services at Taft Youth Development Center (TYDC)

The vendor survey consisted of six questions that were presented to each of the thirty (30) potential proposers on the mailing list for RFP 359.61-005 by mail and telephone follow up. Seventeen potential respondents did not respond to the survey and could not be contacted by phone. The questions and a brief analysis of the thirteen responders follows.

1. Did you receive a notice dated March 15, 2006 from the State of Tennessee, Department of Children's Services, announcing Request For Proposals for Dental Services at Taft Youth Development Center, Pikeville, TN?

Findings: of the 30 potential proposers, receiving the questionnaire, thirteen (13) responded that they had received the proposal packet, seventeen (17) did not respond to the mailed follow-up inquiry, or to attempted telephone calls, four of the seventeen non-respondents had addresses that were not current.

2. Did you understand the purpose of the announcement?
Findings: Of the thirteen responding to the DCS follow up inquiry, eleven (11) indicated that they understood the nature of the notice for RFP 359.61-0-07, one, the city health department was categorized N/A and one indicated that they did not understand the purpose of the announcement.

3. Did you go to the website listed in the announcement
<http://www.state.tn.us/finance/rds/ocr/rfp.html> to review the RFP?

Findings: Of the thirteen potential proposers responding, only three attempted to access the RFP materials on the F&A website. Of these, two could not access the website, receiving a web message that the page could not be found.

4. In your opinion, did the *RFP* listing provide a clear understanding of what the State of Tennessee, Department of Children's Services, required for bidding on the proposal? If not, why?
Findings: The one potential proposer that accessed the information regarding RFP 359.61-005-07 reported that the information found on the website was presented in a manner that clearly communicated the requirements for submitting a proposal.
5. What were the factor(s) that influenced your decision to bid/not bid on this proposal?
Findings: Of the thirteen (13) respondents, the reasons given for not being interested in submitting a proposal were as follows: two noted they weren't interested with no further explanation; two didn't treat children; five did not have the time to provide the service outside of their current practice, one felt they were too old to provide the service, one thought the current FRP requirements too complex, one area city health department could not provide the service, and one was the current vendor who submitted a proposal that had to be rejected.
Findings: One of these respondents noted that the RFP is too long, asking for irrelevant information related to the service being provided and reported a negative TennCare experience involving an audit and stated that a dentist with a good practice wouldn't be interested in serving this population and that they wouldn't bid on the service without knowing the quality of equipment and tools available at DCS facilities.
6. Do you have any suggestions for the State of Tennessee to encourage more vendors to bid on proposals?
Findings: Of the thirteen respondents to the survey, only one provided a response to this question. Their feedback requested that the State revise its RFP requirements.

Section I Summary

A review of the responses noted in Section I follows. When procuring professional services for a hardware secure facility serving incarcerated youth it has been the historical experience by DCS that few professionals seem to be interested in serving this population. This may be further supported by the limited response by the thirty recipients to the announcement letter sent out announcing the Request for Proposal. However, even though there were only thirteen respondents to the follow up survey, the information gleaned is somewhat helpful. Of the eleven responding to whether they understood the purpose of the RFP announcement, only one responded that they did not understand. This response would indicate that the lack of proposals submitted was not due to any confusion regarding the nature of the services being procured.

F&A requires RFPs to be posted on their website and the announcement letter references the listed website address. Of our survey only three respondents attempted to access the website for further information with two of them reporting that they failed to access the posted information. Once accessed, the website information regarding RFP 59.61-005 was reported to provide a clear understanding of the service requirements.

The respondents had several reasons for not submitting proposals in response to this RFP. The most frequently cited reason for not proposing was from five respondents who stated that their reason for not proposing was an existing practice that would not allow them time to provide the needed services. Two respondents noted that the services sought were outside their specialty area. Two others stated they weren't interested. One was too old, a local health department wasn't staffed to provide the service, one thought the RFP was too complex, and the current vendor submitting the sole proposal had it rejected.

One respondent provided feedback indicating a need to make changes in the process, stating that the proposal instrument was too long and questions asked were not relevant and provided no specificity. The same respondent noted that they would like to have had a better explanation regarding the quality and kind of equipment they would have been using since the dental services being purchased are all done on-site at the DS facility.

Can the RFP process improve based on this information?

Based upon the feedback provided, two target areas appear to be possible barriers. They are: better identification of interested potential proposers and access of the issued RFP through the State F&A website. Maximizing the responsiveness of potential proposers is always a goal for competitive procurements. Is there a way to better identify professionals having some interest in serving our custodial children? Unfortunately, improved options for identifying who might be predisposed to respond to an RFP are quite limited. It is virtually impossible to rule out if a professional is too old, if their practice is too fully developed to add more clients, if they have an interest in providing the service, or whether they specialize in children or adults. Due to historically low responses for certain services DCS already extends the minimally required number of potential proposers by at least twice the required number and in small communities will include all professionals in that community on the RFP announcement list. Larger than required proposer lists also are developed for rural areas where professional services are limited. Such expanded lists are also frequently created in the larger urban areas since the service demand for professionals in those areas can be so lucrative that professionals don't have a need to consider contracting for state business. One mechanism that might provide DCS with a better list of prospective proposers would be to conduct pre-announcement mail outs announcing upcoming RFPs and asking the recipient professionals to respond if they are interested in submitting a proposal. Such an effort may not be feasible considering the already labor intensive requirements of the RFP process, existing workloads, staffing patterns, and the fact that another step would be added to the RFP process that already takes 3-5 months to complete.

Another noted item of interest in the feedback provided was related to the access of the RFP on the State F&A website. Of the three potential proposers that attempted to access the published website address, only one succeeded. If two of every three attempts are unsuccessful, certainly the hoped for visibility of issued RFPs through this resource is not fulfilled. It is our understanding that the probability of causal factors limiting a users website accessibility may originate as much with the user as with the State. DCS has contacted the Office of Contracts Review regarding possible barriers. OCR reports that in order for corrective action to be effective, the user needs to contact them at the time when such access barriers are occurring.

Section II: Interdepartmental Utilization of Professional Services Personnel

The second task requested by the FRC Contracts Review Subcommittee asked DCS to engage other state departments to determine the feasibility of utilizing qualified state employees or "sharing" professional services contract personnel for services utilized by both departments.

Three state departments providing one or more of the following services: mental health services, i.e., psychiatry, psychological treatment and evaluation, group, individual, and alcohol and drug counseling, sex offender treatment and counseling, and medical services, i.e., dentistry, optometry, and physician services, were contacted regarding the feasibility of "sharing" their professional services resources. The departments contacted were: Mental Health and Developmental Disabilities; Department of Correction; and Department of Health. Their departmental responses are as follows:

TDOC

TDOC contracts for most of these services and has recently entered into a new multi-year contract for Health Services for all TDOC facilities in January 2006. It is a three year contract with an option for two one-year extensions for a total of five years. The Health Services contract covers the dentistry, optometry, and physician services DCS has listed, and in addition also covers hospitalization, pharmaceuticals, specialty clinics, all medical staff at the four comprehensive sites, and a number of other medically related services.

TDOC also contracts out for Mental Health Services, and this contract was also just recently bid with a new multi-year contract going into effect January 2007 covering some of our psychiatric, psychological and counseling needs. TDOC does have facilities that have state employees as mental health specialists with some psychological examiners at reception centers where the inmates coming into TDOC are classified. In addition, TDOC has some psychiatric staff at the central hospital that serves inmates with the most acute mental health needs.

The counseling services for TDOC Alcohol & Drug and Sex Offender Treatment are a combination of contract and state employees.

TDOC reported that since they have new, multi-year, professional service contracts in place for the majority of the service areas listed, that they do not believe that a sharing of contracted or state employee personnel would be a feasible proposition at this time. TDOC notes that since the scope of services would be materially changed, the only way to accomplish having a single shared TDOC-DCS contract would be to prematurely cancel-terminate existing TDOC contracts that have been competitively bid and have been awarded contracts through the State's Request for Proposals process and issuing new RFPs. TDOC further noted that such actions would probably generate a great deal of adverse legal action. Should such actions take place, the results could be quite costly eliminating any cost savings from sharing services. In addition, TDOC reported that there are a "host" of operational and fiscal reasons that leads TDOC to state that they would certainly not be in favor of reissuing new RFPs in this scenario.

Finally, TDOC reports that for both contracted staff and TDOC professional services personnel, the number of hours or services provided under the contracts or allotted to TDOC personnel are only sufficient to fulfill the needs of the TDOC. "In all instances where this department(TDOC) is staffed by state employees, those persons job duties are filled to capacity with taking care of the needs of our felon population. Consequently, sufficient staff are not available for TDOC to pick up additional cases from another department.

DOH

DOH currently provides only EPSDT screening for TNCare eligible youth in DCS detention centers and at local health departments. If there is a local TNCare primary care physician (PCP) in the area of the center, the PCP can also see the child for EPSDT rather than the health department, but the TNCare PCP is responsible for other non-emergency health care services, not the health department. DOH staff reported that after consultation including several DOH staff including the Assistant Commissioner of the Bureau of Health Services, they unfortunately concluded that they do not have adequate staff to provide medical services for children in DCS facilities.

MHDD

The contracts coordinator in MHDD was contacted, and referred the DCS inquiry to the MHDD operated mental health institute facilities. DCS received a response from three of the five mental health institutes, but never received a response from the central office of MHDD that specified whether there was a willingness to engage in an exchange of ideas regarding the concept of single contract arrangements whose vendors would serve both DCS and MHDD facilities. However, DCS did obtain information from MHI budget officers that responded to the initial inquiry. They have reported that MHI professional services are provided either directly by full time state employees or through departmental purchase authority procurements. Consequently, DCS understands that, like the feedback from TDOC, full time positions in MHDD would have the bulk of time already allotted to serving MHDD clientele leaving no time to "share" their services with DCS. Further, the short term, as needed, point in time nature of professional services purchased through a departmental authority contract, effectively eliminates the concept of sharing a professional contractor under that type of contract. However, it does offer DCS an opportunity to identify professionals, individuals, group practices, etc. that are providing equivalent services and add them to our list of potential bidders/proposers for future competitive procurement actions.

DCS Comments

All three State of Tennessee departments contacted regarding the feasibility of "sharing" professional services on an interdepartmental basis determined that it would not be feasible to do so at this time. The barriers listed that prevent such an effort include:

- insufficient staffing levels in the other departments adequate to serve the larger caseloads that would be created by additional DCS requirements.
- adverse and potentially costly legal challenges related to prematurely terminating contracts should new contracts supersede existing contracts.
- the Scopes of Services in the contracts would be materially changed to the point that it is believed that Department of Finance and Administration guidelines would require the service to be re-bid, requiring the coordination of multiple departments to specifically plan to provide such services.
- organizational needs also provide challenges. Currently, TDOC contracts with three vendors for all correctional facilities statewide. One each for health, mental health and alcohol and drug treatment services. DCS YDC facilities each have multiple contracts with varying start and end dates, with different vendors, usually from the region where the facility is located. MHDD provides full time employees who provide their medical, psychiatric, and psychological related professional services. Where DCS provides contracted fee for service contracts for certain services, MHDD is able to utilize delegated purchase authority procurements. MHDD mental health institutes utilize these delegated purchase authorities for physicians and nursing services, but these are limited to providing services when full time MHDD staff aren't available to provide the necessary services.
- Other barriers also can be predicted with some degree of probability. The implementation of a common start date for a shared contracting process would require either establishing start date(s) that would probably require early termination of existing contracts, (and the adverse legal actions noted above) or establishing a start date that would avoid any premature termination of contracts. The second scenario could require the departments involved to project up to seven or more years in advance before being able to identify a common start date.

If a shared services concept gained enough consideration to be moved from an as needed concept to a more broadly developed long term concept among State departments providing similar services, additional barriers to providing shared services would arise that would also need to be overcome, including but not limited to:

- determining if it would be effective both from a service delivery and a cost perspective to engage in such an endeavor.
- determining those regions where such sharing would be feasible if not statewide;
- where it was determined to be feasible, what roles would the involved departments play in relation to one another, i.e., would it be necessary for one department to take a lead role vs. both having unilateral involvement and responsibility.

- each approach would require stringent evaluation and study, probably requiring costly consultation services to determine the most effective means of implementing a contract management process.

Section II Summary

In summary, interdepartmental shared contracting while at a glance seems tantalizingly simple in concept and potentially cost effective, doesn't appear feasible on a short term, as needed basis as a consistent mechanism for contracting services. Even if such a process did receive executive support providing long term, top down goal investment and direction for the process, it is unclear at this time if the implementation of such a project would be in the best interest of the State. This should not exclude the possibility that such "as needed" arrangements may work in certain situations, but the pursuit of such efforts would need to be done when the need arose. Even so, it seems that the probability of successfully sharing as needed services may be a remote possibility.

The most beneficial outcome for DCS of the shared services exercise will be the identification of vendors from whom MHDD is purchase services through the DPA process. DCS can then add them to our potential vendor lists when competitive procurements are initiated at our youth development centers. In support of this concept, a proximal comparison of the locations of DCS youth development facilities and MHDD mental health institutes reveals that four of the mental health institutes are in the same region or community as three of the DCS youth development centers. They are as follows: Nashville-Davidson County – (Woodland Hills and New Visions YDCs and Middle Tennessee MHI); Knoxville Region– (Mountain View YDC in Dandridge and Lakeshore MHI in Knoxville); Memphis Region – (Wilder YDC in Somerville and Memphis MHI in Memphis and Western MHI in Bolivar). It is reasonable to assume then, that professionals providing services through the DPA process at these MHIs would not perceive distance to travel as a barrier to providing services at the area YDC and as they are already providing services to a state institution may be inclined to also provide them for those YDC institutions operated by DCS.